

POSITION	ID NO.	DATE
CLASSIFIER	10	5-24-83
EXAMINER	204	3-20-85
TYPIST	2921	5-21-85
VERIFIER	142	5-31-85
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final	
Original	1/10 1/13 1/20 1/27 1/28 1/29 1/30
1 (1)	✓✓✓✓
2 2	✓✓✓✓
3 (3)	✓✓✓○
4 4	✓✓✓○
5 5	✓✓○
6 6	✓✓○
7 7	✓✓○
8 8	✓✓○
9 (9)	✓✓✓✓
10 10	✓✓✓
11 11	✓✓✓
12 12	✓✓✓
13 13	✓✓✓✓
14 (15)	✓✓○
15 16	✓✓✓
16 17	✓✓✓
17 18	✓✓✓
18 (19)	✓✓✓
19 20	✓✓✓
20 21	✓✓✓
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Claim	Date
Final	
Original	51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

SYMBOLS

- ✓ Rejected
- = Allowed
- (Through number) Cancelled
- + Restricted
- N Non-elected
- Interference
- A Appeal
- O Objected

(LEFT INSIDE)